

TEMPSOLUTIONS

Your Solution to State Employment.

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth	ETHNIC GROUP												
(Month) (Day) (Year)	1. <input type="checkbox"/> White (non-Hispanic)												
Gender	2. <input type="checkbox"/> Black (non-Hispanic)												
<input type="checkbox"/> Male <input type="checkbox"/> Female	3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)												
	4. <input type="checkbox"/> Asian (including Pacific Islander)												
	5. <input type="checkbox"/> American Indian (including Alaskan native)												
<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disability Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p> <table><tbody><tr><td>A <input type="checkbox"/> None/Prefer not to report</td><td>G <input type="checkbox"/> Respiratory impairment</td></tr><tr><td>B <input type="checkbox"/> Blind or severely visually impaired</td><td>H <input type="checkbox"/> Nervous system/Neurological disorder</td></tr><tr><td>C <input type="checkbox"/> Deaf or severely hearing impaired</td><td>I <input type="checkbox"/> Mentally restored</td></tr><tr><td>D <input type="checkbox"/> Loss of limited use of arms and/or hands</td><td>J <input type="checkbox"/> Mental retardation</td></tr><tr><td>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td><td>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</td></tr><tr><td>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</td><td>M <input type="checkbox"/> Other (please specify)</td></tr></tbody></table>		A <input type="checkbox"/> None/Prefer not to report	G <input type="checkbox"/> Respiratory impairment	B <input type="checkbox"/> Blind or severely visually impaired	H <input type="checkbox"/> Nervous system/Neurological disorder	C <input type="checkbox"/> Deaf or severely hearing impaired	I <input type="checkbox"/> Mentally restored	D <input type="checkbox"/> Loss of limited use of arms and/or hands	J <input type="checkbox"/> Mental retardation	E <input type="checkbox"/> Non-ambulatory (must use wheelchair)	L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)	F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	M <input type="checkbox"/> Other (please specify)
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Print Name

Signature

Date

*Office of State Human Resources
equal opportunity employer
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(919) 715-2632 Main Number
(919) 715-2627 Fax Number*

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